



NASSAU COUNTY DEPARTMENT OF ASSESSMENT
**2016-2017 First-Time Homebuyers of Newly
Constructed Homes Property Tax Exemption Application**

- NYS Real Property Tax Law, Section 457 -

(Nassau County does not charge a fee to file this application.)

Any alteration of this application may result in a denial.

Names of ALL Owners	Marital Status	Social Security Number

Telephone Number (*Day*)

Telephone Number (*Evening*)

Property Identification					For Condo Only	
Town	School Dist.	Section	Block	Lot	CA# or Bldg.#	Tax Unit#

Location of Property (*See Instructions*)

Street Address

School District

City/Town

Village (*if any*)

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1. a) Property is a: (i) ____ one-family house (ii) ____ two-family house (iii) ____ townhouse or (iv) ____ condominium (*Please check one and attach a copy of the Deed*)
- b) If property is other than a two-family house, is any portion leased? ____ Yes ____ No
2. ____ Property is newly constructed primary residential property and has a purchase price of \$ _____ which has never been occupied (*Attach purchase contract, closing statement or other proof of completion*);
- or**
- ____ Property is primary residential property which has been altered, improved or reconstructed at a cost of \$ _____ (*Attach written dated contract or other proof of completion describing improvements*)
3. Is the property owner occupied as the primary residence of the homebuyer? ____ Yes ____ No
(*Attach proof of residency*)
4. a) Has the homebuyer or homebuyer's spouse owned a property within the three year period preceding the date of purchase of the residence for which exemption is sought? ____ Yes ____ No
- b) Most recent previous address(es) of homebuyer and homebuyer's spouse (*if different*):

5. Does the homebuyer or homebuyer's spouse own a vacation or investment home? ____ Yes ____ No
(If Yes, list location of property)

6. Total combined income of all owners and of any owners' spouses residing on the premises \$ ____
(Attach copy of the 2014 Federal or NYS State Income Tax Return)

CERTIFICATION (*All primary resident owners must sign*)

I/We certify that the information made on this application is true and correct and that the property listed above is my (our) legal primary residence. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the assessor if I (we) relocate to another primary residence. I (We) understand that any willfully false statements of fact will be grounds for disqualification from further exemption and a fine as set forth in New York State Real Property Tax Law.

Signature(s) of Owners

Date

FOR ASSESSOR'S USE ONLY

Date application filed: _____ Application ____ Approved ____ Denied

Deed

Income

Residency

Improvements/Reconstruction/Alterations

Assessor's Signature

Date

Comments:

Para asistencia en Español llame al (516) 571-2020

NASSAU COUNTY DEPARTMENT OF ASSESSMENT
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